Commonwealth of Virginia
Department of Professional and Occupational Regulation
Post Office Box 11066
Richmond, Virginia 23230-1066
(804) 367-8511
www.dpor.virginia.gov

Name of Dravidor



Board for Contractors Education Provider Listing Form No Fee Required

To be completed <u>only</u> by education providers who have obtained Education Provider Approval from the Board for Contractors

This form should be used for updating the education provider listings for Board-approved education providers. Please complete the information below to ensure that the listing of Virginia Board-approved education providers contains the information as you want it to be listed. This list is published on the Department of Professional and Occupational Regulation website and distributed to interested parties as requested. While the Board office does not make recommendations as to providers to contact, the Board does refer individuals to this list so that they may contact approved education providers about course dates, locations, and other information. Please make sure that the information provided below is the information you want publicly available.

1.	Name of Provider
	This must match the information provided on your application.
2.	Board for Contractors Provider Registration Number
3.	Type of Approval (check all that apply)
	☐ Tradesman CE ☐ Tradesman Vocational Training ☐ Water Well CE ☐ Water Well Vocational Training ☐ Elevator Mechanics CE ☐ Elevator Mechanics Vocational Training ☐ Contractors Prelicense Education ☐ Backflow Vocational Training ☐ Contractors Remedial Education ☐ Contractors Remedial Education
4.	Address
5.6.7.	City, State, Zip Code E-mail Address Web Address Telephone and Facsimile Numbers () () Telephone and Facsimile Numbers
	Telephone Facsimile
8.	All Board-approved education providers must be included on the list of approved providers that is published on the Department's website and available to the public upon request. In accordance with Board Policy, providers who do not offer classes to the general public may choose to have only the name of the provider included on the list, with no other contact information included. Please check the appropriate box below:
	Please do not include the contact information on the Approved Education Provider list. I understand that only the provider name will be included on the list.
9.	Provide the following for the person who completed this form.
	Name (Printed) Title
	Signature Date